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PTO/SB/50 (06-03)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Alexandria, VA 22313-1450

Attorney Docket No.

P-4461/2 RI

First Named Inventor

Keane

Original Patent Number

6,491,667B1

Original Patent Issue Date
(Month/Day/Year)

December 10, 2002

Express Mail Label No.

APPLICATION FOR REISSUE OF:

(Check applicable)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. ☒ Original U.S. Patent currently ☒ Yes ☐ No
(If Yes, check applicable box(es))
- ☒ Written Consent of all Assignees (PTO/SB/53)
- ☒ 37 C.F.R. § 3.73(b) Statement
(PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes
to the claims. See 37 CFR 1.173 (c).
11. ☐ Original Patent Grant
- ☐ Ribbioned Original Patent Grant
- ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: _____

18. CORRESPONDENCE ADDRESS



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OR ☒

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NAME (Print/Type)

Scott J. Rittman

Registration No. (Attorney/Agent)

39,010

Signature

Scott J. Rittman

Date

3/22/2004

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number P-4461/2RI			
Claims as Filed - Part 1									
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra		Small Entity Rate Fee		Other than a Small Entity Rate Fee		
(A) 24	Total Claims (37 CFR 1.16(j))	(B) 24	**** 0	=	x \$ 9 =	\$0	or	x \$ 18 =	
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 2	*	=	x \$ 43 =	\$0	or	x \$ 86 =	
Basic Fee (37 CFR						\$385		\$770	
Total Filing Fee						\$385		\$770	
Claims as Amended - Part 2									
(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For		(3) Extra Claims Present		Small Entity Rate Fee		Other than a Small Entity Rate Fee	
Total Claims (37 CFR 1.16(j))		*** 57	MINUS ** 24	= 33	x \$ 9 =	\$297	or	x \$ 18 =	\$594
Independent Claims (37 CFR 1.16(i))		*** 3	MINUS ***** 2	= 1	x \$ 43 =	\$43	or	x \$ 86 =	\$86
Total Additional Fee						\$340	OR	\$680	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.

☒ Please charge Deposit Account No. 02-1666 in the amount of \$1,450.
A duplicate copy of this sheet is

☒ The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 02-1666.
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☐ A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.


WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

3-23-2004

Date

39,010

Registration Number, if applicable



Signature of Applicant, Attorney or Agent of Record

Scott J. Rittman

Typed or printed name

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

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